

Nursing Services

Definition: Nursing services are continuous or intermittent skilled care provided by a nurse, licensed in accordance with the State's Nurse Practice Act, in accordance with the participant's Support Plan, as deemed medically necessary by a physician. This service will be provided in the home unless deemed medically necessary by the physician and authorized in the Support Plan.

For children (under 21 years of age) who receive tracheotomy care, endotracheal intubation/ventilator, nasopharynx or tracheotomy suctioning, enteral feedings via tube or parenteral feedings (for definition of terms, see the Checklist for Children's Private Duty Nursing at the end of this section), Enhanced Nursing is also available.

The unit of service for Nursing Services is one hour, provided by one LPN or one RN. The unit of service for Enhanced Nursing (LPN or RN) is 15 minutes.

Please see: Scope of Services for Nursing Services

Providers: Nursing services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services.

Service Limits: Nursing Services are limited to a maximum of 56 units per week by a LPN or 42 units per week by a RN, as determined by SCDDSN assessment. A week is defined as Sunday through Saturday. If both a LPN and a RN provide services, the combined cost cannot exceed the cost of the maximum number of units provided by either a LPN or a RN alone. Unused units from one week cannot be banked for use during a later week.

Enhanced Nursing Services are limited to 224 units per week of Enhanced LPN or 168 units per week of Enhanced RN, as determined by SCDDSN assessment. If both a LPN and a RN provide enhanced services, the combined cost cannot exceed the cost of the maximum number of units provided by either a LPN or a RN alone. Unused units from one week cannot be banked for use during a later week.

Please refer to the MR/RD Waiver Rate Table for unit costs.

Arranging for and Authorizing Services: Only a physician can determine if nursing services are needed and, if needed, the amount needed and the skill level required. The Physician's Order for Nursing Services (MR/RD Form 28) must be completed, specifying the skill level required (RN or LPN), by a licensed physician. The need for the service, as well as its amount and frequency, must be documented by the Service Coordinator in the participant's Support Plan. Once the amount needed is determined, the Service Coordinator must enter the needed units on the Waiver Tracking System (S68-LPN or S69-RN) and obtain approval before authorizing services.

If a child (under 21 years old) is receiving ventilator care, tracheotomy care, endotracheal care, enteral feedings or parenteral feedings, the Checklist for Children with Medically Complex Conditions Requiring Private Duty [Enhanced] Nursing (MR/RD Form A-12A) should be completed and Enhanced Nursing Services (S47-LPN or S07-RN) budgeted, approved and authorized.

Once the physician orders the services, the Service Coordinator should provide the participant/legal guardian with a list of Medicaid-contracted Nursing Services providers and document the offering of a choice of

providers. Once a provider is selected, the Service Coordinator should complete the Authorization for Nursing Services (MR/RD Form A-12) and send a copy to the provider.

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN **cannot** provide services when a RN is ordered by the physician.

For those participants who have private insurance, Nursing Service providers must bill the participant's private insurance carrier prior to billing SCDHHS for all nursing services provided. MR/RD Waiver Nursing Services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Service Coordinator/Early Interventionist must first determine if the MR/RD Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance will SCDHHS pay any amount that is the responsibility of a third party resource. The MR/RD Waiver is the payer of last resort and maximum allowable limits as defined above apply.

The following guidelines are to be followed when authorizing Nursing Services:

- When private insurance covers **all** Nursing Services
 - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate the private insurance carrier as the funding source in the participant's Support Plan. No authorization is necessary for the services.
- When private insurance covers **a portion** of the Nursing Services
 - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant's Support Plan.
 - For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Service Coordinator/Early Interventionist will indicate the needed amount and will indicate MR/RD Waiver as the funding source in the participant's Support Plan.
 - The Service Coordinator/Early Interventionist will issue an Authorization for Nursing Services (MR/RD Form A-12) for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- When private insurance covers **none** of the Nursing Services or the participant does not have private insurance
 - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate the MR/RD Waiver as the funding source in the participant's Support Plan. He/she will complete the Authorization for Nursing Services (MR/RD Form A-12) for the amount needed, not to exceed the service limits.

When sending the Authorization for Nursing Services (MR/RD Form A-12) to the selected Nursing provider, the Service Coordinator/Early Interventionist must attach a copy of the Physician's Order for Nursing Services (MR/RD Form 28) and, if applicable, a copy of the Checklist for Children with Medically Complex Conditions Requiring Private Duty [Enhanced] Nursing (MR/RD Form A-12A).

After the first visit, the Nursing Services provider will send the Service Coordinator a specific plan for providing Nursing Services and may propose changes to the schedule that could affect the number of units authorized. If the Service Coordinator agrees with the proposed changes, the participant's Support Plan must be

updated, the new information entered on the Waiver Tracking System and approved and a new authorization sent to the provider, reflecting the new number of units and start date.

The provider must notify the Service Coordinator within two (2) working days of any significant changes in the participant's condition or status. The Service Coordinator must respond to requests from the provider to modify the participant's Support Plan within three (3) days of receipt.

Monitoring the Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Nursing Services:

- During the first month of service, monitoring should be conducted while the service is being provided, unless the Service Coordination Supervisor documents an exception. An exception can only be made when the service is provided in the late evening or early morning hours (between 9:00 pm and 7:00 am).
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).
- Monitoring must be conducted by contact with the participant/family. It can be supplemented with contact with the service provider.
- Review the nursing notes completed by the nurse(s) during on-site visits.
- Monitoring of the participant's health status should always be completed as a component of Nursing Services monitoring.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving Nursing Services as authorized?
- ❖ Does the provider show up on time and stay the scheduled length of time? If the provider does not show up to provide care to the individual, who is providing back-up care in the provider's absence?
- ❖ Does the provider show the participant courtesy and respect?
- ❖ Has the participant's health status changed since your last monitoring? If so, does the service need to continue at the level at which it has been authorized? If the individual is receiving the service for an acute condition, has the physician been consulted about the continuation of Nursing Services and the skill level required?
- ❖ Have there been any changes to the participant's specific nursing plan developed by the provider? If so, is a copy of the current nursing plan present in the participant's Service Coordination record?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- ❖ What is the expected duration of services at the current level?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

Physician's Order for Nursing Services

Participant's Name: _____

Date of Birth: _____

Social Security #: _____

I hereby order Nursing Services to be rendered to the above named participant. This person requires the following care/treatment(s) that must be provided by a nurse licensed by the State of South Carolina:

These services are necessary to maintain his/her health and prevent institutionalization.

This patient requires _____ hours per week of nursing care to be provided by a LPN.

_____ hours per week of nursing care to be provided by a RN.

_____ hours per week of *enhanced* nursing care to be provide by a LPN.

_____ hours per week of *enhanced* nursing care to be provide by a RN.

Enhanced Nursing is for children (under 21 years of age) who receive tracheotomy care, endotracheal intubation/ventilator, nasopharynx or tracheotomy suctioning, enteral feedings via tube or parenteral feedings.

Physician's Name: _____

Address: _____

Phone #: _____

Physician's Signature_____
Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR NURSING SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

TO: _____

You are hereby authorized to provide

- ☐ Nursing Services - LPN (S9124)
☐ Nursing Services - RN (S9123)
☐ Enhanced Nursing Services - LPN (T1003)
☐ Enhanced Nursing Services - RN (T1002)

for:

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # _____

Start Date: _____

Authorized Total – LPN: __ Units per week (no more than 56; 1 unit = 1 hour)

Authorized Total – RN: __ Units per week (no more than 42; 1 unit = 1 hour)

Children with Complex Medical Conditions only

Authorized Total – Enhanced LPN: __ Units per week (no more than 224; 1 unit = 15 minutes)

Authorized Total – Enhanced RN: __ Units per week (no more than 168; 1 unit = 15 minutes)

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN cannot provide services when a RN is ordered by the physician.

Service Coordination Provider: _____ **Service Coordinator Name:** _____

Address: _____

Phone #: _____

 Signature of Person Authorizing Services

 Date

Physician's order must be attached. MR/RD Form 28 may be used.

Checklist for Children's Private Duty Nursing

Name: _____ Medicaid #: _____

Skilled Services:

- ☐ External nutrition via NG tube, G-tube, or J-tube
- ☐ Tracheostomy Care
- ☐ Nasopharyngeal or tracheostomy suctioning

- ☐ Parenteral Nutrition

Parenteral: Situated or occurring outside of the intestines. TPN or Hyeralimentation.

- ☐ Endotracheal

Tube through nose or mouth to trachea for breathing.

DDSN Signature: _____ Date: _____